

# Yellow Ribbon Mission Statement

It is the intent of the Indiana Army National Guard Yellow Ribbon Reintegration Program to provide a continuum of support throughout the Deployment Cycle. For the program to be successful, Indiana must provide Soldiers and their families with the same level of support throughout the state. We must maintain the standard-of-care throughout the state as we serve our returning warriors and their Families through the deployment support cycle.

Our job is to be here FOR YOU.  
Please don't hesitate to contact us further for assistance.

**YOU ARE IMPORTANT TO US!**



**Serving YOU!**



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**Mrs. Becky Kruse—YRRP Coordinator**  
**JFHQ-IN-FP-J9**  
**3762 W. Morris St.**  
**Indianapolis, IN 46241**  
**Phone: 800-237-2850 extension 3192**  
**Fax: 317-481-5961**  
**E-mail: [becky.kruse2@us.army.mil](mailto:becky.kruse2@us.army.mil)**



**Family Programs**  
**3762 W. Morris St.**  
**Indianapolis, IN 46241**

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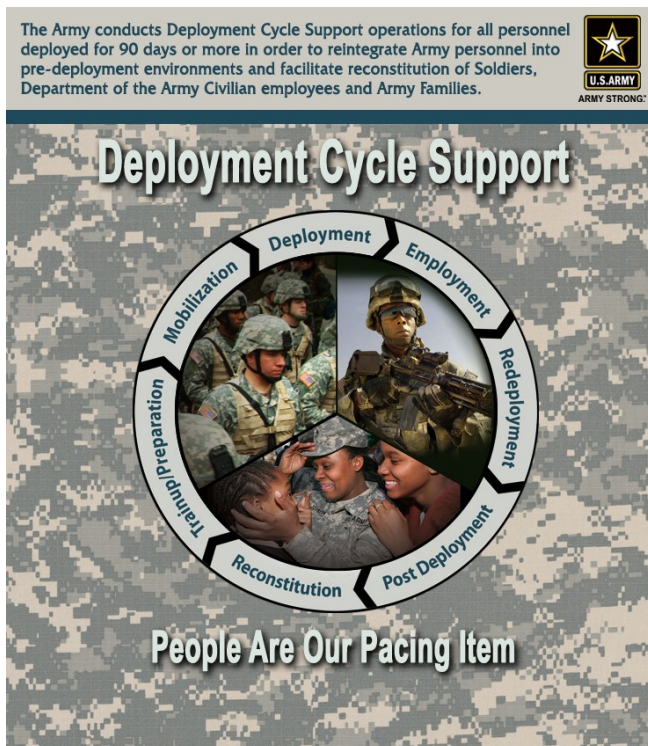


## Goals of Yellow Ribbon include:

- **Create a “hands-on” approach to assisting families in an efficient, pro-active manner.**
- **Increase availability of resources**
- **Increase Awareness of Guard members and families of existing services.**
- **Inform leadership and service providers about range of programs and how they may be accessed.**
- **Provide Child Development resources and referral services.**
- **Sponsor volunteers and family support professionals**
- **Assess need for enhanced support**
- **Integrate services and programs into a comprehensive delivery system that responds to members and families at all stages of the deployment cycle.**



*The pulse of families is our priority.  
We want to offer families every  
opportunity to help their warrior  
transition back into a normal, peace-  
ful, loving nation that cares. From  
Pre-deployment briefings through  
full reconstitution, your Yellow  
Ribbon Team is here FOR YOU!*



**1-800-237-2850**

Mrs. Becky Kruse—YRRP Coordinator x85460  
Shasta Higgins—YRRP Specialist x 85463  
Jamie Hancock—YRRP Specialist x 85462  
Jennifer King—YRRP Specialist x 85479

## **I would like more information on:**

Check Appropriate Box (s):

- ☐ Suicide Awareness and Prevention
- ☐ Financial Aid or Assistance
- ☐ General Counseling Services
- ☐ Marital Counseling
- ☐ Drug or Alcohol Abuse Assistance
- ☐ Anger Management issues



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please mail to the address below.  
Your information is kept confidential,  
and you will be contacted by the  
professional you have requested  
assistance from.**

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